



**U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT  
BUREAU FOR HUMANITARIAN RESPONSE (BHR)  
OFFICE OF U.S. FOREIGN DISASTER ASSISTANCE (OFDA)**

**ANGOLA – Complex Emergency**

Situation Report #2, Fiscal Year (FY) 2001

July 09, 2001

*Note: the last situation report was dated April 2, 2001*

**BACKGROUND**

Following independence in 1975, rival liberation movements began a struggle for control of Angola that has continued intermittently for the past three decades. The Government of Angola (GRA) estimates that more than 3.7 million Angolans have been affected by the ongoing civil war. In 1998, the National Union for the Independence of Angola (UNITA) abandoned a commitment to peace signed in the 1994 Lusaka Accords and resumed attacks against the GRA. A period of intensified fighting ensued, forcing hundreds of thousands of rural residents to flee to provincial cities. In the spring of 2000, the Angolan Armed Forces (FAA) made significant military gains—consolidating and expanding the government’s control over provincial capitals and extending civil administration to new areas. The GRA’s military success, combined with UN sanctions against diamond sales and arms purchases implemented in 1991, resulted in UNITA’s return to guerrilla warfare in 2001 and increased violence near the Namibian and Zambian borders.

Despite widespread predictions among humanitarian observers that population displacement would decrease in 2001, displacement rates remain virtually the same as those of 2000. At the same time persistent insecurity and increased violence have slowed resettlement activities for displaced groups. Since January 2001, violence has escalated, resulting in new waves of internally displaced persons (IDPs). Lack of access to arable land and health care, shortages of food and potable water, and continued insecurity contribute to worsening conditions for those affected by the violence. The GRA estimates that more than three million people have been displaced since 1998. In FY 2001, the United States Government (USG) provided \$42,865,522 million in emergency assistance to those affected by war in Angola, channeled through the United States Agency for International Development’s Office of U.S. Foreign Disaster Assistance (USAID/OFDA), Office of Food for Peace (USAID/FFP), and Africa Bureau (USAID/AFR), as well as the State Department’s Bureau of Population, Refugees, and Migration (State/PRM) and the United States Department of Agriculture (USDA). Since 1990, the USG has contributed more than \$618.4 million in emergency assistance to affected populations in Angola.

NUMBERS AT A GLANCE		SOURCE
<b>Killed (since 1975)</b>	1,000,000	U.S. Committee for Refugees
<b>War-Affected (September 2000)</b>	3,700,000	GRA and U.N. Office for the Coordination of Humanitarian Affairs (UNOCHA)
<b>Internally Displaced (May 2001)</b>	3,098,142 1,207,670 registered	GRA UNOCHA
<b>Refugees (July 4, 2001)</b>	<b>430,781 - Total</b> 199,086 – Zambia 179,550– Democratic Republic of Congo 18,515 – Republic of Congo 28,889 – Namibia 4,741 – Other	UNHCR

Total FY 2001 USAID Humanitarian Assistance to Angola.....\$37,165,522  
Total FY 2001 State/PRM Assistance to Angola.....\$2,500,000

**CURRENT SITUATION**

*Security and Access*

One of the most difficult challenges facing the humanitarian community is the fluid security situation throughout the country. While humanitarian organizations have been able to reach IDP populations in some areas, security concerns prevent reliable, consistent delivery of assistance to many IDPs. Recent UNOCHA reports indicate that as many as 500,000 Angolans located in 13 to 15 different

locations are in need of humanitarian assistance, but remain inaccessible due to insecurity, poor airport conditions, and impassable or insecure roads.

Since the beginning of 2001 there has been an escalation in UNITA guerilla activity, with a marked intensification of attacks on civilian populations and humanitarian organizations. In addition to increases in the number of people in need of humanitarian

assistance, the escalation of violence resulted in increased security and access concerns. UNITA attacks in May on the towns of Caixito and Galungo Alto resulted in kidnappings and injuries to humanitarian staff and destruction of non-governmental organization (NGO) property.

Evidence of the escalation of violence continued in June 2001 when two ground-to-air missile attacks on WFP cargo flights occurred within a week. The first attack occurred on June 8 when UNITA forces shot down a WFP-chartered aircraft just outside the city of Luena in Moxico Province. On June 15, two WFP-chartered cargo aircraft were fired upon 45 km outside of Kuito in Bié Province. There were no casualties resulting from either attack. In response, WFP temporarily suspended flights across Angola, and on June 21 announced that flights to Kuito would remain suspended until conditions of the airport runway improved enough to permit landing of cargo aircraft. Flights to Kuito resumed in late June. The suspension of WFP cargo flights presented a significant challenge to humanitarian operations in Angola. Most observers indicate that the humanitarian situation throughout the country may deteriorate if WFP flights continue to be interrupted.

As of June 2001, security conditions remain serious in the provinces of Benguela, Bié, Huambo, Kuando Kubango, Kwanza Norte, Malanje, Moxico, and Uíge. The security situation in these provinces is characterized by ambushes, attacks, kidnappings, mine explosions, looting of civilian goods, and threats against humanitarian workers and organizations.

An estimated five to seven million landmines continue to threaten health and security throughout the country. The National Institute for the Removal of Explosive Devices (INAROE) reported that 204 landmine accidents occurred in the first six months of 2000, resulting in 100 deaths and 327 injuries. Many of the victims of mine accidents are children. The threat of landmine accidents also renders many roads unsafe—limiting economic and humanitarian activities throughout the country.

In FY 2001, USAID/OFDA provided \$955,000 in support of a United Nations Development Program (UNDP) project to maintain civil/military liaison security officers in selected provinces to facilitate and enhance the exchange of information regarding security among the Angolan military, civil police, and NGOs. USAID/OFDA will also support a forthcoming Department of Defense Center for Civil Military Relations (CCMR) security seminar in 2001 with \$50,000 to increase capacity and awareness for security issues among NGOs, government, military, and humanitarian security liaison officers.

In addition to chronic insecurity, humanitarian access is also constrained by a devastated infrastructure.

More than 30 years of civil war have left the majority of the nation's roadways impassable or insecure. Humanitarian assistance must be delivered by air in most cases. However, the nation's airstrips are in a state of disrepair, limiting the number of humanitarian flights that can arrive each day. Some airstrips are unable to accommodate cargo planes. Other airstrips, such as those in Kuito, Huambo, and Negage, are so severely deteriorated that they have been periodically closed to air traffic.

The lack of a functional transportation infrastructure, coupled with chronic insecurity, increases the overall cost of providing humanitarian assistance, prevents humanitarian access to some vulnerable populations, and limits the quantity of assistance that can be provided. In response to these constraints, USAID/OFDA renewed its funding of World Food Program (WFP) air transport of non-food items and humanitarian personnel from international and local NGOs, the donor community, U.N. Agencies, and the diplomatic corps. This \$1 million in support of air transport allows both personnel and emergency relief supplies entry into areas inaccessible by land due to security concerns.

### *Refugees*

Angolans continue to seek refuge in neighboring countries, with more than 100,000 fleeing since the resumption of fighting in 1998. As of May 2001, United Nations High Commissioner for Refugees (UNHCR) reported that 430,781 Angolans were refugees in other countries: 199,086 in Zambia; 179,550 in the Democratic Republic of the Congo (DRC); 18,515 in the Republic of Congo (ROC); 28,889 in Namibia; 3,902 in South Africa; and 839 in other countries. Some have settled spontaneously and are now integrated into the host community. Others are in camps established by the host country and assisted by UNHCR, WFP, and NGOs.

State/PRM has provided \$2.35 million to date in FY 2001 for assistance to Angolan refugees. This includes contributions to UNHCR for its programs in Zambia and Namibia (\$1.73 million), WFP for food aid in Zambia (\$400,000), and the International Federation of the Red Cross (IFRC) for the Namibian Red Cross (\$220,000). These contributions are in addition to PRM's \$60 million unearmarked contribution to UNHCR's 2001 Global Appeal for Africa which is also available to UNHCR for assistance to Angolan refugees.

### *Internally Displaced Persons and Resettlement*

The United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) reports that there are currently 1.2 million registered IDPs in Angola—with the highest concentration of IDPs in Huíla, Bié, Malanje, and Moxico Provinces. Estimates for the total number of war-affected people in Angola are less reliable due to the repeated uprooting of some populations, the inaccessibility of

insecure areas, and the integration of many IDPs into new communities. GRA provides a much higher estimate, of 3.7 million war-affected Angolans, of whom 3 million are IDPs. Note: The GRA estimate is for all IDPs in all areas of Angola, while the UNOCHA figure is for registered IDPs in accessible areas. In general, the donor community uses the UNOCHA's estimate for planning humanitarian activities. Between January and May 2001, UNOCHA reported 111,102 Angolans were registered newly displaced in 16 provinces as a result of increased UNITA guerilla activity. Of the total IDP population in Angola, 341,678 IDPs were residing in camps as of June 2001. The United Nations Children's Fund (UNICEF) estimates that 75% of IDPs in Angola are women and children, who are often subject to forced displacement, looting, forced portage and recruitment, and physical/sexual assaults.

Shortages of food and potable water, in addition to epidemics, continue to affect IDPs. Displaced people are forced to compete for the limited resources of residents as well as those that humanitarian organizations are able to provide.

USAID/OFDA grants implemented in FY 2001 to Action Against Hunger (AAH), Africare, Catholic Relief Services (CRS), and International Medical Corps (IMC) supported agriculture, emergency health, therapeutic and supplementary feeding centers and water and sanitation initiatives targeting IDPs in Benguela, Bié, Huambo, and Malanje.

USAID/OFDA programs funded in FY 2001 provide more than \$1.5 million in emergency assistance that target both IDP and vulnerable resident populations. In addition to USAID assistance to IDPs in Angola, State/PRM provided \$2.3 million to UNHCR to support IDP relief and reintegration programs in Uíge, Zaire and Luanda.

By the end of May 2001, 338,180 IDPs had been resettled in 107 temporary locations, according to UNOCHA. Heavy rains, insecurity, land mine incidents, and lack of arable land limited resettlement activities in the first half of 2001. Of the nearly 500,000 planned resettlements, only 73,000 Angolans have been temporarily resettled. UNOCHA reports indicated that only 50% of those resettled to date have been in accordance with the "Norms for the Resettlement of Displaced Persons," a set of minimum standards developed by the UN in conjunction with the GRA that were adopted into Angolan law in January 2001.

#### *Food Security and Agriculture*

Subsistence agriculture is the primary livelihood activity for nearly 85% of Angolans. Constant population movements, insecurity, and the threat of landmines have prevented many Angolans from cultivating their land. Moreover, insecurity and the poor state of the infrastructure hamper trade between

regions. Although few estimates are available that quantify the impact of the ongoing conflict, Angola—once a net food exporter—now relies on food imports to meet its food requirements. In addition to commercial imports, the country required 330,000 metric tons (MT) of emergency food aid between March 2000 and April 2001, according to the Food and Agriculture Organization (FAO).

USAID/FFP has responded to this need with 38,120 MT of P.L. 480 Title II emergency food commodities in FY 2001, valued at nearly \$29.3 million. The commodities were distributed through WFP and the International Committee of the Red Cross (ICRC). The USAID/FFP contribution to ICRC provides assistance to 335,000 resident and displaced beneficiaries in Huambo Province, ensuring a minimum standard of living while maintaining or improving the nutritional and health status of both residents and IDPs in camps or collective centers. The ICRC ended free food distributions around Huambo for residents in May 2001 following the harvest.

USAID/FFP contributions to WFP were employed in programs aimed at food security and nutrition. In April, WFP distributed a total of 15,998 MTs of food to more than 1,076,000 beneficiaries. WFP estimates that the total number of people in need of emergency food assistance may decrease in the next few months as harvests are completed. In addition, USDA provided 23,000 MTs of 416(b) commodities valued at \$3.4 million to WFP.

USAID/OFDA provided more than \$800,000 to Africare in FY 2000 to enhance food security through the distribution of 339 MT of seeds and 55,000 farming tools to 27,500 IDPs and residents in Bié Province. The Africare program will continue to address food security issues through August 2001.

#### *Health*

The health situation in Angola continues to deteriorate. Three decades of violence destroyed water and sanitation systems throughout the country. Health care services are nonexistent or inaccessible for the majority of the population. IDPs are moving into already overcrowded urban and semi-urban areas without functioning health infrastructures. As a result, the potential for epidemics in urban areas and IDP camps remains high. Malaria, respiratory infections, and diarrheal diseases are among the most common ailments and reported causes of death for Angolans.

In FY 2001, USAID/OFDA is supporting OXFAM/Great Britain (GB) efforts to provide safe, potable water to approximately 360,000 residents of affected communities in and around the cities of Malanje, Caala, Huambo, and Kuito. OXFAM also plans to provide and maintain 3,000 latrines to benefit 60,000 residents of those communities.

Maternal and child health (MCH) issues are a priority concern in Angola, according to a recent USAID/OFDA assessment. Angola has among the highest infant, child, and maternal mortality ratios in the world. Infant and child mortality rates are estimated to be 166 per 1,000 and 274 per 1,000, respectively, based on the only nationally representative household survey data available (INE-UNICEF, 1997). These figures do not include data for displaced populations living in camps. Levels among camp residents are estimated to be higher than those from urban areas. A recent United Nations Population Fund (UNFPA) analysis found infant mortality to be 236 for every 1000 and child mortality to be 395 for every 1000. Maternal mortality ratio figures from the last national estimate (1993) indicate that between 1,281 and 2,000 women die for every 100,000 live births—compared to 137 per 100,000 in Namibia or 5 per 100,000 in Canada. Recent assessments indicate that nearly 85% of all births are unattended and that emergency obstetrical care and antenatal services are unavailable.

In FY 2000, USAID/OFDA supported a \$1.9 million MCH program implemented by IMC that will continue through October 2001. The program provides for child immunizations and increased access to safe and hygienic deliveries for women of childbearing age in the most vulnerable resident and IDP populations in several municipalities in Huambo and Malanje provinces. The total targeted population is more than 2.25 million. IMC also trains local health care workers, provides emergency medical supplies, and develops immunization outreach activities. In addition, USAID/OFDA provided \$869,000 to AAH to implement emergency health and nutrition activities targeting 71,000 IDPs in Ganda, Benguela province.

HIV/AIDS is also among the primary health concerns in Angola. While government-reported prevalence rates are low—an estimated 3.4% of the sexually active population in 1999—recent, reliable statistical information regarding HIV/AIDS prevalence does not exist. Some observers estimate that more than 100,000 cases have gone unreported. General lack of awareness, a decimated health system, unsafe medical practices, a high level of sexually transmitted diseases (STDs), high levels of sexual violence, fluid populations—including across borders, and high prevalence rates in neighboring countries indicate that Angola may have a more serious HIV/AIDS problem than is currently acknowledged.

Sexual and gender-based violence (SGBV) has also been identified as a health threat to displaced populations, especially women, in Angola. Although data is scarce, a UNFPA 1999 survey of IDPs in Huila and Benguela provinces revealed that 38% of women had suffered domestic abuse. State/PRM has

provided \$200,000 to UNHCR for a joint UNHCR/UNFPA project to better assess the incidence of SGBV and to augment the capacity of health and social services to prevent and treat victims.

#### *Nutrition*

In March 2001, the humanitarian community gained access to IDP populations in Camacupa, Bié Province. Subsequent nutrition surveys revealed a nutritional crisis in Camacupa and Cuemba municipalities, as malnutrition rates soared above emergency thresholds. As a result of insecurity that limited agricultural production, large numbers of malnourished IDPs began arriving in Camacupa town. UNOCHA estimates that there are nearly 30,000 IDPs in Camacupa municipality and as many as 200,000 inaccessible IDPs in Cuemba municipality. Initial NGO and UN assessments indicate that acute global malnutrition rates have reached between 30-46% depending on the location, while severe malnutrition reached 10.5-19%. In June, the humanitarian community distributed monthly rations to 7,000 beneficiaries to address the crisis. In addition, WFP increased its contributions to feeding centers in Kuito that serve children from Camacupa. The nutrition crisis in Camacupa and Cuemba illustrates the problem that the humanitarian community may face as security improves and the numbers of accessible IDPs increases.

USAID/OFDA provided nearly \$1 million in FY 2000 to support UNICEF's efforts to develop and promote national protocols for nutrition rehabilitation, which concluded in May 2001. In October 2000, the GRA, international agencies, NGOs, the Faculty of Medicine and the National Pediatric Hospital agreed on national nutrition rehabilitation protocols that had been formulated jointly under UNICEF leadership.

CRS received \$713,095 from USAID/OFDA to provided emergency health and nutrition services in Cubal, Balombo, and Ganda in Benguela Province. The CRS initiative will address the nutrition needs of 45,000 beneficiaries.

USAID/FFP is funding a Food and Nutrition Technical Assistance Project (FANTA) study in July 2001 to better understand the nature of pellagra in Angola.

The USAID/FFP and USDA emergency food aid contributions to WFP and ICRC benefited both nutrition programs and food security programs. Please refer to "Food Security and Agriculture" above for more information on food aid contributions, which include both food security and nutrition assistance.

### *Coordination*

In FY 2001, USAID/OFDA renewed its support of UNOCHA's coordination efforts through a \$600,000 grant. USAID/OFDA also augmented UNOCHA's capacity with a \$500,000 contribution to UNOCHA's Emergency Response Fund (ERF). The ERF provides rapid disbursement of funds through humanitarian partners to serve as a short-term, emergency mechanism to assist to vulnerable communities until emergency response programs can be put in place. The ERF addresses the need for international humanitarian community to have flexibility in responding to rapidly changing needs. In June, the ERF was used to provide basic health care services in Malipi, Chivota, and Bember IDP camps in Huíla province.

USAID/OFDA also addressed coordination issues by providing \$500,000 in support to the WFP Vulnerability Assessment Mapping (VAM/Angola) project, in order to improve the targeting of food assistance to the most vulnerable through collection, analysis and dissemination of food security data for the humanitarian community. CRS received \$748,000 in USAID/OFDA support to continue a capacity building program for local NGOs managing emergency response projects. USAID/OFDA also co-funded an Information Officer based at USAID/Luanda to facilitate coordination efforts and to ensure that information and reporting needs are met.

### **GOVERNMENT EFFORTS TO MEET HUMANITARIAN NEEDS**

In July 1999, the GRA allocated \$55 million to the PNEAH for two phases of activity. Phase I focuses on humanitarian relief; Phase II focuses on land distribution, resettlement, and the rehabilitation of social infrastructure. Under Phase I, \$15 million has been spent, while \$23 million has been distributed to the governors directly in accordance with the government's decentralization policy under Phase II.

In July 2000, the GRA presented a Plan of Emergency Action as an extension of the National Emergency Program for Humanitarian Assistance (PNEAH) based on a series of assessments the GRA had conducted in conjunction with the UN. This plan has served as the basis for the formulation of a series of provincial plans of emergency action. The provincial plans target needs of vulnerable populations, including agriculture, rural development,

health, social assistance, education, energy and water. Driven by UNOCHA, such emergency plans are in place in six of eleven provinces. PNEAH proposes to spend the remaining \$17 million from Phase II of last year's plan for agriculture projects and IDP resettlement.

The GRA has declared that \$20 million derived from oil bonus royalties will also be deployed in seven provinces (Bengo, Benguela, Cunene, Huíla, Cuando Cubango, Kwanza Sul and Namibe) in the social, production and public sectors.

### **USAID/BHR AND USAID/ANGOLA INTEGRATED ASSISTANCE**

In 2000, USAID/Angola adopted a five-year strategy that simultaneously implements relief, transition, and development activities. Both USAID/OFDA and USAID/FFP support this integrated approach by funding complementary programs in areas with the largest number of target beneficiaries.

USAID/OFDA staff traveled to Angola in April 2001 to review USAID/Angola's strategy for 2001-2005 and develop a parallel, complementary USAID/OFDA strategy for 2002-2003. As a result, USAID/OFDA will work in the central highland region of Planalto, in order to support a range of services to vulnerable of the populations, linking USAID development and relief activities more closely.

### **OTHER USAID/OFDA ASSISTANCE TO ANGOLA**

#### *Flood Response*

Angola experienced heavy rainfall from early March to late April resulting in severe flooding that affected more than 11,000 families in the provinces of Benguela, Huíla, Luanda, Cunene, and Namibe.

In response to the flooding, U.S. Ambassador Joseph Sullivan declared a disaster on May 9, 2001. USAID/OFDA provided \$25,000 through USAID/Luanda to CARE in support of a cooperative agreement that allowed for family household kits to be distributed in the Luanda area. Lutheran World Relief (LWR) distributed household kits, including blankets, plastic sheeting, buckets, soap, kitchen utensils, and salt, to 800 families.

# U.S. GOVERNMENT HUMANITARIAN ASSISTANCE TO ANGOLA<sup>1</sup>

<i>Agency</i>	<i>Implementing Partner</i>	<i>Sector</i>	<i>Regions</i>	<i>Amount</i>
<b>FY2001</b>				
<b>USAID .....</b>				<b>\$37,165,522</b>
<b>USAID/OFDA .....</b>				<b>\$7,865,522</b>
	OXFAM/GB	Water/Sanitation	Bie, Huambo, Malanje	\$1,999,932
	CCMR	Civil/Military Liaison and Security	Huambo, Kuito, Malanje, Uige, Luanda	\$50,000
	AAH	Emergency Health and Nutrition	Benguela	\$799,495
	CRS	Emergency Preparedness Training	Benguela	\$713,095
	CRS	Emergency Nutrition	Benguela	\$748,000
	UNDP	Security	Bié, Huambo, Malanje, Uige, Luanda	\$955,000
	UNOCHA	Field Coordination	All	\$600,000
	UNOCHA	Emergency Response Fund	All	\$500,000
	WFP	Vulnerability Assessment Mapping	All	\$500,000
	WFP	Air Support	All	\$1,000,000
<b>USAID/FFP .....</b>				<b>\$29,300,000</b>
	WFP	Food Assistance	All	\$18,000,000
	ICRC	Food Assistance	All	\$11,300,000
<b>USDA .....</b>				<b>\$3,400,000</b>
	WFP	Food Assistance	All	\$3,400,000
<b>State/ PRM<sup>3</sup> .....</b>				<b>\$2,500,000</b>
	UNHCR	IDP Assistance	Uige, Zaire, Luanda	\$2,300,000
	UNHCR	Joint UNHCR/UNFPA Project/Health	All	\$200,000
<b>Total USG FY 2001 .....</b>				<b>\$43,065,522</b>

<sup>1</sup>This table contains USG Humanitarian Assistance to the Complex Emergency only. USAID/OFDA also provided \$25,000 in response to flooding that is mentioned in the above report but not reflected in this table.

<sup>2</sup>Several programs that were funded in FY 2000, including Africare, IMC, and UNDP, and implemented in FY 2001 are outlined in the report above. However, only FY 2001 funding is including in this table.

<sup>3</sup>State/PRM figures include only Angola-specific funding. For more information on regional assistance through State/PRM, see "Refugees" and "Other USG Assistance" section above.

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